



**Medicare
Parts C and D
Disability Workshop**
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Medicare Part C
Medicare Advantage

Medicare Advantage Plans

- Health plan options approved by Medicare
- Run by private companies
- Part of the Medicare program

Eligibility for Medicare Advantage Plans

- Live in plan's service area
- Entitled to Medicare Part A
- Enrolled in Medicare Part B
 - Continue to pay Part B premium
 - May pay additional monthly premium to plan
- Don't have ESRD at the time of enrollment
 - Some exceptions

How Medicare Advantage Plans Work

- Usually get all Medicare Part A and Part B services through the plan
 - May have to use providers that belong to the plan
- May get extra benefits
 - May get vision, hearing, dental services
 - May get prescription drug coverage
- Still in Medicare program
 - Get all Part A and Part B services
 - Have Medicare rights and protections

Types of MA Plans

- Medicare Health Maintenance Organization (HMO)
- Medicare Preferred Provider Organization (PPO)
- Medicare Private Fee-for-Service (PFFS)
- Medicare Special Needs Plan (SNP)
- Medicare Medical Savings Account (MSA)

Medicare HMO Plans

- Copayment amounts set by plan
- Generally must get care and services from plan's network
 - Use doctors and hospitals that join the plan
 - May have to pay in full for care outside plan's network
 - Covered if emergency or urgently needed care
 - Point-of-Service option allows visits to “out-of-network” providers

Medicare HMO Plans *(cont'd)*

- May need to choose primary care doctor
 - Usually need a referral to see a specialist
 - Doctors can join or leave
- May get Medicare drug coverage

Medicare PPO Plans

- Can see any doctor or provider that accepts Medicare
 - Don't need referral to see specialist
 - Don't need referral to see out-of-network provider
 - Copayment amounts set by plan
 - Will usually pay more for out-of-network care
- May get Medicare drug coverage

Medicare PFFS Plans

- Can see any Medicare-approved doctor or hospital that accepts the plan
 - Can get services outside service area
 - Don't need referral to see a specialist
 - Plan sets copayment amounts
- Can get emergency care anywhere
 - Without prior approval
- If offered, can get Medicare prescription drug coverage
 - If not offered, can join a Medicare Prescription Drug Plan

Special Needs Plans (SNPs)

- Designed to provide
 - Focused care management
 - Special expertise of plan's providers
 - Benefits tailored to enrollee conditions
- Must include prescription drug coverage

Special Needs Plans (continued)

- Three types of SNPs
 - Must limit membership to people
 - With certain chronic or disabling conditions
 - Eligible for Medicare and Medicaid or
 - In certain institutions
- Available in some areas
 - Visit www.medicare.gov
 - Select “Search Tools” at top of the page
 - Call 1-800-Medicare

When Can You Join?

- You can join a Medicare Advantage Plan or other Medicare plan
 - When first eligible for Medicare
 - Initial Enrollment Period
 - Specific enrollment periods
 - Annual Coordinated Election Period
 - Special Enrollment Periods

When Can People Switch?

- Annual Election Period (AEP)
- Special Enrollment Period (SEP)
 - Move out of the plan's service area OR move and have new MA or Part D options available
 - Plan leaves Medicare program
 - Other special situations

Annual Coordinated Election Period

- November 15 – December 31
 - Can choose new plan
 - New plan starts January 1 (in most cases)
 - Plan must accept new members
 - In 2011, will be October 15-December 7, under health care reform legislation

Medicare Part D
Prescription Drug Coverage

Medicare Prescription Drug Coverage

- Coverage began January 1, 2006
- Sometimes called Medicare Part D
- Available to all people with Medicare
- Provided through
 - Medicare Prescription Drug Plans
 - Medicare Advantage and other Medicare plans
 - Some employers and unions

Eligibility

- Have Medicare Part A and/or Part B
- Live in plan's service area
- Join a Medicare drug plan to get coverage

When You Can Join

- Initial Enrollment Period
 - 7-month period when people first get Medicare
- Annual Coordinated Election Period
 - November 15 – December 31 each year (October 15-December 7 in 2011)
- Special Enrollment Period
 - In some situations

Waiting to Enroll

- Waiting to enroll could mean a penalty
 - 1% premium increase for every full month you wait
 - For as long as you have Medicare drug coverage
 - Unless you have other drug coverage at least as good as Medicare drug coverage
 - Creditable coverage

Creditable Drug Coverage

- Coverage at least as good as Medicare's
- If you have other drug coverage
 - Will get information from other plan
- If you keep creditable drug coverage
 - No penalty if you wait to enroll

Medicare Drug Plans

- Medicare drug plans vary
 - Cost—How much you have to pay
 - Coverage—What drugs they cover
 - Convenience—Which pharmacies they use

2010 Standard Prescription Drug Benefit

- Generally less than \$32.00 monthly premium
- \$310 deductible
- Coinsurance of 25% of drug costs from \$310 to \$2,830
 - Medicare pays 75%
- 100% of drug costs from \$2,830 to \$6,440.00
- After \$4,550 in out-of-pocket costs, Medicare pays approximately 95%

Extra Help

- Assistance with premium and cost sharing
- Eligibility determined by SSA or state
- Income and resources are counted
- People can apply for extra help at any time
 - Can reapply if circumstances change
- Some groups are “deemed” eligible—dual eligibles and MSP

Which Drugs Are Covered?

- Available only by prescription
- Drugs, biologicals, insulin
- Medical supplies for injecting insulin
 - Syringes, needles, alcohol swabs, gauze
- Brand-name and generic drugs

Coverage Varies

- Plans have formularies
 - May not include all Medicare-covered drugs
 - Usually cover similar drugs that are safe and effective
 - May have different levels (“tiers”)
 - Choosing generic drugs can save money
- Plans must make sure people can get the treatment they need

Choosing a Plan

- Step 1: Collect information
 - Any current prescription drug coverage
 - Prescription drugs, dosages, and how often you take them
- Step 2: Compare Medicare drug plans
 - www.medicare.gov
 - 1-800-MEDICARE (1-800-633-4227)
 - State Health Insurance Assistance Program (SHIP)
- Step 3: Call plan with any questions

Protections for Beneficiaries in
Medicare Advantage and
Prescription Drug Plans

Marketing Provisions

- Final regulations released September 2008
 - Further protect beneficiaries from deceptive or high-pressure marketing tactics
 - Prohibit
 - Telemarketing
 - Other unsolicited sales contacts
 - Certain financial incentives for agents and brokers

Prohibited Contacts

- Door-to-door solicitation
- Outbound marketing calls
- Approaching in common areas
 - Parking lots, hallways, lobbies, etc
- Calls/visits after attendance at sales event
 - Unless express permission given
- Unsolicited emails

Allowed Contacts

- Conduct outbound calls to existing members
 - To conduct normal enrollment business
- Conduct disenrollment survey
- Call beneficiaries who have given permission
 - For plan or sales agent contact

Marketing in Health Care Settings

- No marketing activities in healthcare setting
 - Examples: waiting rooms, exam rooms, hospital patient rooms, dialysis centers, pharmacy counter areas
- Marketing allowed in common areas
 - Examples: hospital or nursing home cafeterias, community or recreational rooms, conference rooms

For More Information

- *Medicare & You* handbook
- www.medicare.gov
- 1-800-MEDICARE (1-800-633-4227)
 - TTY users call 1-877-486-2048
- State Health Insurance Assistance Program (SHIP)
- Social Security Administration
 - www.socialsecurity.gov
 - 1-800-772-1213
 - TTY users call 1-800-325-0778